

Damaged Document(s)

STATE BOARD OF HEALTH Vol. 9 # 157
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

DATE OF BIRTH* September 20th 1924
(Month) (Day) (Year)

FULL* NAME	FATHER
<u>John Thomas Lanphier</u>	
FULL* MAIDEN NAME	MOTHER
<u>Violet Helma Bostrom</u>	

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Correcting surname 539-920-524 3-25-

I HEREBY CERTIFY that the child described herein has been named
Ethel Belle Lanphier
(Give name in full) (Surname)
Mrs John T. Lanphier
(Parent's signature)
T. C. Harper
SIGNATURE OF (Physician or Midwife)